AN ACT ENTITLED THE "MISSISSIPPI UNBORN INFANTS DIGNITY ACT";
TO PROVIDE THAT MISCARRIED, STILLBORN OR ABORTED INFANTS ARE
TREATED WITH DIGNITY WITH PROPER BURIALS, THAT BROKEN BODIES OF
ABORTED INFANTS ARE NOT SOLD FOR SCIENTIFIC EXPERIMENTATION; TO
REQUIRE FETAL DEATH REPORTING AND THE ISSUANCE OF FETAL DEATH
CERTIFICATES FOR UNBORN INFANTS LOST EARLY IN PREGNANCY; TO
PROVIDE CRIMINAL PENALTIES FOR VIOLATIONS OF THIS ACT; TO AMEND
SECTIONS 73-11-58, 73-15-29 AND 73-25-29, MISSISSIPPI CODE OF
1972, TO CONFORM THE PROFESSIONAL DISCIPLINE OF FUNERAL DIRECTORS,
PHYSICIANS, REGISTERED NURSES AND LICENSED PRACTICAL NURSES TO
THIS ACT; TO BRING FORWARD SECTIONS 41-39-1, 41-39-3, 41-39-5 AND
41-39-7, MISSISSIPPI CODE OF 1972, FOR PURPOSES OF AMENDMENT TO
CONFORM THE DISPOSITION OF HUMAN REMAINS TO THIS ACT; TO AMEND
SECTIONS 41-57-31 AND 41-61-53, MISSISSIPPI CODE OF 1972, TO
CONFORM THE DUTIES OF THE REGISTRAR OF VITAL STATISTICS TO PROVIDE
FOR ISSUANCE OF CERTIFICATES OF FETAL DEATH; AND FOR RELATED
PURPOSES.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

SECTION 1. Title. Sections 1 through 10 of this act may be
known and cited as the "Mississippi Unborn Infants Dignity Act."

SECTION 2. Legislative findings and purpose. (1) The
Legislature of the State of Mississippi finds that:

(a) Deceased unborn infants deserve the same respect
and dignity as other human beings.
(b) The laws of the State of Mississippi do not ensure that miscarried, stillborn or aborted infants receive proper burials or final disposition.

(c) Mississippi also fails to require fetal death reporting and/or the issuance of fetal death certificates.

(d) Mississippi does not explicitly prohibit the sale, transfer, distribution or donation of the bodily remains of unborn infants resulting from abortion for experimentation.

(e) It is the public policy of the State of Mississippi to promote childbirth over abortion. Permitting the sale, transfer, distribution or donation of the bodily remains of unborn infants resulting from abortion, particularly for pecuniary gain, and the use of the bodies of aborted infants for experimentation violate Mississippi public policy.

(2) Based on the findings in subsection (1) of this section, the purposes of this act are to:

(a) Ensure that the mother of a deceased unborn infant is given the opportunity to bury or dispose of the bodily remains of her infant with dignity;

(b) Require institutions where deceased unborn infants are delivered or where unborn infants are aborted to provide a dignified final disposition of the bodily remains of these infants;

(c) Require fetal death reports for all fetal deaths as defined in this act;
(d) Ensure that parents of all stillborn infants are offered the opportunity to obtain a Certificate of Birth Resulting in Stillbirth;

(e) Prohibit the sale, transfer, distribution or other unlawful disposition of an infant, an unborn infant or bodily remains resulting from an abortion;

(f) Prohibit the use of bodily remains resulting from an abortion for experimentation; and

(g) Ensure that the bodily remains of an unborn infant resulting from an occurrence other than an abortion are not sold, transferred or distributed for experimentation without the mother's informed, written consent.

SECTION 3. Definitions. For purposes of this act only:

(a) "Abortion" means the act of using or prescribing any instrument, medicine, drug, or any other substance, device, or means with the intent to terminate the clinically diagnosable pregnancy of a woman with the knowledge that the termination by those means will with reasonable likelihood cause the death of the unborn infant. Such use, prescription or means is not an abortion if done with the intent to:

(i) Save the life or preserve the health of the unborn infant;

(ii) Remove a dead unborn infant caused by spontaneous abortion; or

(iii) Remove an ectopic pregnancy.
(b) "Bodily remains" means the physical remains, corpse or body parts of a dead unborn infant who has been expelled or extracted from his or her mother and who has reached a stage of development so that there are cartilaginous structures and/or fetal or skeletal parts, whether or not the remains have been obtained by induced, spontaneous, or accidental means. The death is indicated by the fact that, after such expulsion or extraction, the unborn infant does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

(c) "Infant" means a human being who has been completely expelled or extracted from his or her mother, regardless of the state of gestational development, that, after expulsion or extraction, whether or not the umbilical cord has been cut or the placenta is attached, and regardless of whether the expulsion or extraction occurs as a result of natural or induced labor, cesarean section, or induced abortion, shows any evidence of life, including, but not limited to, one or more of the following:

1. Breathing;
2. A heartbeat;
3. Umbilical cord pulsation; or
4. Definite movement of voluntary muscles.

(d) "Experiment" or "experimentation" means the use of bodily remains in any trial, test, procedure, or observation...
carried out with the goal of verifying, refuting, or establishing the validity of a hypothesis, but does not include diagnostic or remedial tests, procedures, or observations which have the purpose of determining the life or health of the unborn infant or preserving the life or health of the infant, unborn infant, or the infant's mother or pathological study.

(e) "Fetal death" means death prior to expulsion or extraction from his or her mother of an unborn infant who has reached a stage of development so that there are cartilaginous structures and/or fetal or skeletal parts. The death is indicated by the fact that, after such expulsion or extraction, the unborn infant does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

(f) "Final disposition" means the burial, cremation or other legal disposition of a dead unborn infant.

(g) "Miscarriage" means the spontaneous or accidental death of an unborn infant before he or she is able to survive independently that does not result in the birth of a live infant. The death is indicated by the fact that, after the expulsion of the unborn infant, he or she does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.
(h) "Physician" means any person licensed to practice medicine in this state. The term includes medical doctors and doctors of osteopathy.

(i) "Pregnant" or "pregnancy" means that female reproductive condition of having an unborn infant in the mother's uterus.

(j) "Stillbirth" means the birth of a human being that has died in the uterus. The death is indicated by the fact that, after the expulsion of the unborn infant, he or she does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

(k) "Therapeutic" means intended to treat or cure a disease or disorder by remedial agents or methods.

(l) "Unborn infant" means the offspring of human beings from conception until birth.

SECTION 4. Release of dead unborn infant to mother for final disposition. In every instance of fetal death, irrespective of the duration of pregnancy, the individual in charge of the institution where the bodily remains were expelled or extracted, upon request of the mother, shall release to the mother or the mother's authorized representative the bodily remains for final disposition in accordance with applicable law. Such request may be made by the mother or her authorized representative prior to or shortly after the expulsion or extraction of the bodily remains.
SECTION 5. Authorization for final disposition of dead unborn infant. (1) In every instance of fetal death, irrespective of the duration of pregnancy, where a mother does not request the release of her dead unborn infant, the funeral director or other person assuming responsibility for the final disposition of the bodily remains shall obtain from the mother or her authorized representative a written authorization for final disposition on a form prescribed and furnished or approved by the State Department of Health. The authorization may allow final disposition to be by a funeral director or the individual in charge of the institution where the bodily remains were expelled or extracted.

(2) The mother or her authorized representative may direct the final disposition of the bodily remains to be burial or cremation. After final disposition, the funeral director, the individual in charge of the institution, or other person making the final disposition shall retain the authorization for not less than seven (7) years.

(3) Irrespective of the duration of pregnancy, the individual in charge of the institution where the bodily remains were expelled or extracted must ensure that the final disposition of the bodily remains is by burial or cremation.

(4) If final disposition of the bodily remains is by cremation, the medical examiner of the county in which fetal death occurred shall sign the authorization for final disposition.
(5) If final disposition of the bodily remains is cremation by the institution where the bodily remains were expelled or extracted, the bodily remains must be cremated separately from any medical waste.

(6) Bodily remains may be moved from the place of death to be prepared for final disposition with the consent of the physician or county medical examiner who certifies the cause of death.

(7) A permit for final disposition issued under the laws of another state that accompanies bodily remains brought into Mississippi is authorization for final disposition of the bodily remains in this state.

SECTION 6. Fetal death certificates. (1) A fetal death certificate for each fetal death which occurs in this state shall be filed with the Registrar of Vital Statistics in the State Department of Health within three (3) days after such delivery, miscarriage or abortion.

(2) The funeral director or person assuming responsibility for the final disposition of the bodily remains shall file the fetal death certificate. In the absence of such a person, the physician in attendance at or after the expulsion or extraction of the bodily remains shall file the certificate of fetal death. The physician shall obtain the personal data from the next of kin or the best qualified person or source available, complete the certificate as to personal data, and deliver the certificate to
the person responsible for completing the medical certification of
the cause of death within twenty-four (24) hours after the
expulsion or extraction of bodily remains.

(3) The medical certification shall be completed and signed
within forty-eight (48) hours after delivery by the physician in
attendance at or after the expulsion or extraction, except when
inquiry into the cause of death is required by law.

SECTION 7. Prohibitions on buying, selling and
experimentation on unborn infants or bodily remains resulting from
abortion. (1) No person shall knowingly sell, transfer,
distribute, give away, accept, use, or attempt to use an infant,
unborn infant, or bodily remains resulting from an abortion in
violation of this section.

(2) No person shall aid or abet any such sale, transfer,
distribution, other unlawful disposition, acceptance, use, or
attempted use of an infant, unborn infant, or bodily remains
resulting from an abortion in violation of this section.

(3) No person shall use an infant, unborn infant, or bodily
remains resulting from an abortion in animal or human research,
experimentation, or study, or for transplantation, except:

(a) For diagnostic or remedial procedures which have
the purpose of determining the life or health of the infant,
unborn infant, or the infant's mother or preserving the life or
health of the infant, unborn infant, or the infant's mother; or

(b) For pathological study.
(4) No person shall experiment upon an unborn infant who is intended to be aborted unless the experimentation is therapeutic to the unborn infant.

(5) No person shall perform or offer to perform an abortion where part or all of the justification or reason for the abortion is that the bodily remains may be used for animal or human research, experimentation, or transplantation.

SECTION 8. Criminal penalties. (1) An individual in charge of an institution where bodily remains were expelled or extracted who violates Section 4 of this act shall be guilty of a felony punishable upon conviction by imprisonment for not less than one (1) year and/or a fine not exceeding Ten Thousand Dollars ($10,000.00) for each violation.

(2) The person assuming responsibility for the final disposition of bodily remains or an individual in charge of an institution where bodily remains were expelled or extracted who violates Section 5 of this act shall be guilty of a felony punishable upon conviction by imprisonment for not less than one (1) year and/or a fine not exceeding Ten Thousand Dollars ($10,000.00) for each violation.

(3) Any person who knowingly sells, transfers, distributes, gives away, accepts, uses, or attempts to use an infant, unborn infant, or bodily remains resulting from an abortion in violation of this section or who aids or abets any such sale, transfer, distribution, other unlawful disposition, acceptance, use, or
attempted use of an infant, unborn infant, or bodily remains resulting from an abortion in violation of Section 8 of this act shall be guilty of a felony punishable upon conviction by imprisonment for not less than one (1) year and/or a fine not exceeding Ten Thousand Dollars ($10,000.00) for each violation.

(4) Any person who experiments upon an infant, unborn infant, or bodily remains resulting from an abortion; experiments upon an unborn infant who is intended to be aborted; or performs or offers to perform an abortion where part or all of the justification or reason for the abortion is that the bodily remains may be used for animal or human research, experimentation, study, or transplantation, in violation of Section 8 of this act, shall be guilty of a felony punishable upon conviction by imprisonment for not less than one (1) year and/or a fine not exceeding Ten Thousand Dollars ($10,000.00) for each violation.

SECTION 9. Civil and administrative action. In addition to whatever remedies are available under the statutory law of this state, failure to comply with the requirements of this act shall:

(a) Provide a basis for recovery for the parent(s) of the infant or unborn infant or the parent(s) or guardian(s) of the mother, if the mother is a minor, for the unlawful disposition of or experimentation upon an infant, unborn infant, or bodily remains. Such relief shall include:

(i) Money damages for all psychological injuries occasioned by the violation(s) of this act; and
(ii) Statutory damages equal to two (2) times the cost of the mother's delivery or abortion.

(b) Provide a basis for professional disciplinary action for the suspension or revocation of any license for physicians, registered nurses and licensed practical nurses.

(c) A conviction of a physician, registered nurse or licensed practical nurse for any failure to comply with the requirements of this act shall result in the automatic suspension of his or her license for a period of at least one (1) year and said license shall be reinstated after that time only under such conditions as the appropriate state regulatory or licensing bodies shall require to ensure compliance with this act.

**SECTION 10.** Construction. (1) Nothing in this act shall be construed to affect existing federal or state law regarding abortion.

(2) Nothing in this act shall be construed as creating or recognizing a right to abortion.

(3) Nothing in this act shall be construed to alter generally accepted medical standards.

**SECTION 11.** Section 73-11-58, Mississippi Code of 1972, is amended as follows:

73-11-58. (1) If a decedent has left no written authorization for the cremation and/or disposition of the decedent's body as permitted by law, any of the following persons, in the order of priority listed below, may authorize any lawful
manner of disposition of the decedent's body by completion of a written instrument:

(a) The person designated by the decedent as authorized to direct disposition pursuant to Public Law No. 109-163, Section 564, as listed on the decedent's United States Department of Defense Record of Emergency Data, DD Form 93, or its successor form, if the decedent died during military service, as provided in 10 USC Section 1481(a)(1) through (8), in any branch of the United States Armed Forces, United States Reserve Forces or National Guard.

(b) The surviving spouse.

(c) A surviving child who is at least eighteen (18) years of age.

(d) A grandchild who is at least eighteen (18) years of age.

(e) Either surviving parent.

(f) A surviving sibling who is at least eighteen (18) years of age.

(g) A person acting as a representative of the decedent under a signed authorization of the decedent.

(h) The guardian of the person of the decedent at the time of the decedent's death, if a guardian has been appointed.

(i) A person in the class of the next degree of kinship, in descending order, who, under state law, would inherit
the decedent's estate if the decedent died intestate and who is at least eighteen (18) years of age.

(j) A person who has exhibited special care and concern for the decedent and is willing and able to make decisions about the cremation and disposition.

(k) In the case of individuals who have donated their bodies to science or whose death occurred in a nursing home or private institution and in which the institution is charged with making arrangements for the final disposition of the decedent, a representative of the institution may serve as the authorizing agent in the absence of any of the above.

(l) In the absence of any of the above, any person willing to assume responsibility for the cremation and disposition of the decedent.

(m) In the case of indigents or any other individuals whose final disposition is the responsibility of the state or any of its instrumentalities, a public administrator, medical examiner, coroner, state-appointed guardian, or any other public official charged with arranging the final disposition of the decedent may serve as the authorizing agent.

(2) No funeral establishment shall accept a dead human body or bodily remains resulting from an abortion from any public officer or employee or from the official of any institution, hospital or nursing home, or from a physician or other person, without having first made due inquiry as to the
desires of the persons who have the legal authority to direct the
disposition of the decedent's body or the bodily remains resulting
from an abortion. If any persons are found, their authority and
directions shall govern the disposal of the remains of the
decedent. Any funeral establishment receiving the remains in
violation of this subsection shall make no charge for any service
in connection with the remains before delivery of the remains as
stipulated by the persons having legal authority to direct the
disposition of the body or other remains. This section shall not
prevent any funeral establishment from charging and being
reimbursed for services rendered in connection with the removal of
the remains of any deceased person in case of accidental or
violent death and rendering necessary professional services
required until the persons having legal authority to direct the
disposition of the body have been notified.

(3) A person who does not exercise his or her right to
dispose of the decedent's body under subsection (1) of this
section within five (5) days of notification or ten (10) days from
the date of the death, whichever is earlier, shall be deemed to
have waived his or her right to authorize disposition of the
decedent's body or contest disposition in accordance with this
section. If, during the aforesaid time period, the funeral
director, funeral service practitioner and/or funeral
establishment has been provided contrary written consent from
members of the same class with the highest priority as to the
disposition of the decedent's body, the licensed funeral director
or service practitioner or funeral establishment shall act in
accordance with the directive of the greatest number of consents
received from members of the class. If that number is equal, the
funeral director or funeral service practitioner and/or the
funeral establishment shall act in accordance with the earlier
consent unless the person(s) providing the later consent is
granted an order from a court of competent jurisdiction in which
the funeral establishment is located.

(4) If no consent for the embalming, cremation or other
disposition of a dead human body from any of the relatives or
interested persons or institutions listed above in subsection (1)
is received within ten (10) days of the decedent's death, the
coroner for, or other person designated by, the county in which
the funeral establishment is located is authorized to sign the
consent authorizing the disposition of the decedent's remains.

(5) If none of the parties listed above in subsection (1) is
financially capable of providing for the cremation, embalming or
disposition of a dead human body, the coroner for, or other person
designated by, the county in which the funeral establishment is
located is authorized to sign the consent authorizing the
disposition of the decedent's remains.

(6) The licensed funeral director, funeral service
practitioner or funeral establishment shall have authority to
control the disposition of the remains of a decedent and proceed
to recover the costs for the disposition when: (a) none of the persons or parties described above in subsection (1)(a) through (l) assume responsibility for the disposition of the remains, and (b) the coroner or other public official designated in subsection (1)(m) fails to assume responsibility for disposition of the remains within seven (7) days after having been given written notice of the facts. Written notice may be made by personal delivery, United States mail, facsimile or transmission. The method of disposition must be in the least costly and most environmentally sound manner that complies with law, and that does not conflict with known wishes of the decedent.

(7) A funeral director, funeral service and/or funeral establishment licensee acting in accordance with this section, or attempting in good faith to act in accordance with this section, shall not be subject to criminal prosecution or civil liability for carrying out the otherwise lawful instructions of the person or persons described in this section.

(8) The liability for the reasonable cost of the final disposition of the remains of the decedent devolves upon the individual or entity authorizing the disposition and/or upon the estate of the decedent and, in cases when the county board of supervisors has the right to control the disposition of the remains under this section, upon the county in which the death occurred.
SECTION 12. Section 73-15-29, Mississippi Code of 1972, is amended as follows:

73-15-29. (1) The board shall have power to revoke, suspend or refuse to renew any license issued by the board, or to revoke or suspend any privilege to practice, or to deny an application for a license, or to fine, place on probation and/or discipline a licensee, in any manner specified in this article, upon proof that such person:

(a) Has committed fraud or deceit in securing or attempting to secure such license;

(b) Has been convicted of felony, or a crime involving moral turpitude or has had accepted by a court a plea of nolo contendere to a felony or a crime involving moral turpitude (a certified copy of the judgment of the court of competent jurisdiction of such conviction or pleas shall be prima facie evidence of such conviction);

(c) Has negligently or willfully acted in a manner inconsistent with the health or safety of the persons under the licensee's care;

(d) Has had a license or privilege to practice as a registered nurse or a licensed practical nurse suspended or revoked in any jurisdiction, has voluntarily surrendered such license or privilege to practice in any jurisdiction, has been placed on probation as a registered nurse or licensed practical nurse in any jurisdiction or has been placed under a disciplinary
order(s) in any manner as a registered nurse or licensed practical nurse in any jurisdiction, (a certified copy of the order of suspension, revocation, probation or disciplinary action shall be prima facie evidence of such action);

(e) Has negligently or willfully practiced nursing in a manner that fails to meet generally accepted standards of such nursing practice;

(f) Has negligently or willfully violated any order, rule or regulation of the board pertaining to nursing practice or licensure;

(g) Has falsified or in a repeatedly negligent manner made incorrect entries or failed to make essential entries on records;

(h) Is addicted to or dependent on alcohol or other habit-forming drugs or is a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect, or has misappropriated any medication;

(i) Has a physical, mental or emotional condition that renders the licensee unable to perform nursing services or duties with reasonable skill and safety;

(j) Has engaged in any other conduct, whether of the same or of a different character from that specified in this article, that would constitute a crime as defined in Title 97 of the Mississippi Code of 1972, as now or hereafter amended, and
that relates to such person's employment as a registered nurse or 
licensed practical nurse;

(k) Engages in conduct likely to deceive, defraud or 
harm the public;

(l) Engages in any unprofessional conduct as identified 
by the board in its rules;

(m) Has violated any provision of this article; * * *

(n) Has violated any provision of Sections 1 through 10 
of this act; or

(2) When the board finds any person unqualified because of 
any of the grounds set forth in subsection (1) of this section, it 
may enter an order imposing one or more of the following 
penalties:

(a) Denying application for a license or other 
authorization to practice nursing or practical nursing;

(b) Administering a reprimand;

(c) Suspending or restricting the license or other 
authorization to practice as a registered nurse or licensed 
practical nurse for up to two (2) years without review;

(d) Revoking the license or other authorization to 
practice nursing or practical nursing;
(e) Requiring the disciplinee to submit to care, counseling or treatment by persons and/or agencies approved or designated by the board as a condition for initial, continued or renewed licensure or other authorization to practice nursing or practical nursing;

(f) Requiring the disciplinee to participate in a program of education prescribed by the board as a condition for initial, continued or renewed licensure or other authorization to practice;

(g) Requiring the disciplinee to practice under the supervision of a registered nurse for a specified period of time; or

(h) Imposing a fine not to exceed Five Hundred Dollars ($500.00).

(3) In addition to the grounds specified in subsection (1) of this section, the board shall be authorized to suspend the license or privilege to practice of any licensee for being out of compliance with an order for support, as defined in Section 93-11-153. The procedure for suspension of a license or privilege to practice for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license or privilege to practice suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license or privilege to practice suspended for that purpose, shall be governed by Section 93-11-157 or 93-11-163, as the case may be.
If there is any conflict between any provision of Section 93-11-157 or 93-11-163 and any provision of this article, the provisions of Section 93-11-157 or 93-11-163, as the case may be, shall control.

(4) If the public health, safety or welfare imperatively requires emergency action and the board incorporates a finding to that effect in an order, the board may order summary suspension of a license pending proceedings for revocation or other action. These proceedings shall be promptly instituted and determined by the board.

SECTION 13. Section 73-25-29, Mississippi Code of 1972, is amended as follows:

73-25-29. The grounds for the nonissuance, suspension, revocation or restriction of a license or the denial of reinstatement or renewal of a license are:

(1) Habitual personal use of narcotic drugs, or any other drug having addiction-forming or addiction-sustaining liability.

(2) Habitual use of intoxicating liquors, or any beverage, to an extent which affects professional competency.

(3) Administering, dispensing or prescribing any narcotic drug, or any other drug having addiction-forming or addiction-sustaining liability otherwise than in the course of legitimate professional practice.
(4) Conviction of violation of any federal or state law regulating the possession, distribution or use of any narcotic drug or any drug considered a controlled substance under state or federal law, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.

(5) Procuring, or attempting to procure, or aiding in, an abortion that is not medically indicated.

(6) Conviction of a felony or misdemeanor involving moral turpitude, a certified copy of the conviction order or judgment rendered by the trial court being prima facie evidence thereof, notwithstanding the pendency of any appeal.

(7) Obtaining or attempting to obtain a license by fraud or deception.

(8) Unprofessional conduct, which includes, but is not limited to:

(a) Practicing medicine under a false or assumed name or impersonating another practitioner, living or dead.

(b) Knowingly performing any act which in any way assists an unlicensed person to practice medicine.

(c) Making or willfully causing to be made any flamboyant claims concerning the licensee's professional excellence.

(d) Being guilty of any dishonorable or unethical conduct likely to deceive, defraud or harm the public.
(e) Obtaining a fee as personal compensation or gain from a person on fraudulent representation of a disease or injury condition generally considered incurable by competent medical authority in the light of current scientific knowledge and practice can be cured or offering, undertaking, attempting or agreeing to cure or treat the same by a secret method, which he refuses to divulge to the board upon request.

(f) Use of any false, fraudulent or forged statement or document, or the use of any fraudulent, deceitful, dishonest or immoral practice in connection with any of the licensing requirements, including the signing in his professional capacity any certificate that is known to be false at the time he makes or signs such certificate.

(g) Failing to identify a physician's school of practice in all professional uses of his name by use of his earned degree or a description of his school of practice.

(9) The refusal of a licensing authority of another state or jurisdiction to issue or renew a license, permit or certificate to practice medicine in that jurisdiction or the revocation, suspension or other restriction imposed on a license, permit or certificate issued by such licensing authority which prevents or restricts practice in that jurisdiction, a certified copy of the disciplinary order or action taken by the other state or jurisdiction being prima facie evidence thereof, notwithstanding the pendency of any appeal.
(10) Surrender of a license or authorization to practice medicine in another state or jurisdiction or surrender of membership on any medical staff or in any medical or professional association or society while under disciplinary investigation by any of those authorities or bodies for acts or conduct similar to acts or conduct which would constitute grounds for action as defined in this section.

(11) Final sanctions imposed by the United States Department of Health and Human Services, Office of Inspector General or any successor federal agency or office, based upon a finding of incompetency, gross misconduct or failure to meet professionally recognized standards of health care; a certified copy of the notice of final sanction being prima facie evidence thereof. As used in this paragraph, the term "final sanction" means the written notice to a physician from the United States Department of Health and Human Services, Office of Inspector General or any successor federal agency or office, which implements the exclusion.

(12) Failure to furnish the board, its investigators or representatives information legally requested by the board.

(13) Violation of any provision(s) of the Medical Practice Act or the rules and regulations of the board or of any order, stipulation or agreement with the board.

(14) Violation(s) of the provisions of Sections 41-121-1 through 41-121-9 relating to deceptive advertisement by
health care practitioners. This paragraph shall stand repealed on July 1, 2016.

(15) Performing or inducing an abortion on a woman in violation of any provision of Sections 41-41-131 through 41-41-145.

(16) Violation of any provision of Sections 1 through 10 of this act.

In addition to the grounds specified above, the board shall be authorized to suspend the license of any licensee for being out of compliance with an order for support, as defined in Section 93-11-153. The procedure for suspension of a license for being out of compliance with an order for support, and the procedure for the reissuance or reinstatement of a license suspended for that purpose, and the payment of any fees for the reissuance or reinstatement of a license suspended for that purpose, shall be governed by Section 93-11-157 or 93-11-163, as the case may be. If there is any conflict between any provision of Section 93-11-157 or 93-11-163 and any provision of this chapter, the provisions of Section 93-11-157 or 93-11-163, as the case may be, shall control.

SECTION 14. Section 41-39-1, Mississippi Code of 1972, is brought forward as follows:

41-39-1. Any physician removing or otherwise acquiring any tissue of the human body may, in his discretion, after making or causing to be made such scientific examination of the same as he
may deem appropriate or as may be required by law, custom or rules and regulations of the hospital or other institution in which the tissue may have been removed or acquired, authorize disposition of the same by incineration, cremation, burial or other sanitary method approved by the State Board of Health, unless he shall have been furnished prior to removal or acquisition of the tissue, or at any time prior to its disposal, a written request that the same be delivered to the patient or someone in his behalf or, if death has occurred, to the person claiming the dead body for burial or cremation. No such tissue shall be delivered, however, except as may be permitted by rules and regulations of the state board of health. Any hospital or other institution acquiring possession of any such tissue, and not having written instructions to the contrary from the attending physician, the patient or the person claiming a dead body for burial or cremation, or someone in their behalf, may immediately dispose of the same as hereinabove provided.

However, no external member of the human body may be so disposed of within forty-eight hours of its removal or acquisition unless consent thereto be obtained in writing from the patient or the person authorizing the medical or surgical treatment of the patient, and no dead foetus shall be so disposed of within the same period of time unless consent thereto be obtained in writing from the mother of the dead foetus or her spouse. For the purposes of this section, an external member of the human body is
defined as an arm or one or more joints thereof, a hand, a finger
or one or more joints thereof, a leg or one or more joints
thereof, a foot, a toe or one or more joints thereof, an ear or
the greater part thereof, or the nose or the greater part thereof.
For the purposes of this section and the succeeding section, a
dead foetus is defined as a product of human conception, exclusive
of its placenta or connective tissue, which has suffered death
prior to its complete expulsion or extraction from the mother, as
established by the fact that after such expulsion or extraction
the foetus does not breathe or show any other evidence of life
such as beating of the heart, pulsation of the umbilical cord, or
definite movement of voluntary muscles.

SECTION 15. Section 41-39-3, Mississippi Code of 1972, is
brought forward as follows:

41-39-3. The State Board of Health may provide by rules and
regulations for the disposition of any dead foetus acquired by any
hospital or by any midwife or person acting as a midwife, such
disposition to be in a manner consistent with the provisions of
Section 41-39-1 except that the waiting period for such
disposition may be waived.

SECTION 16. Section 41-39-5, Mississippi Code of 1972, is
brought forward as follows:

41-39-5. Any physician, hospital, funeral director,
embalmer, coroner or other person acquiring possession of a dead
human body or portion thereof which is not claimed for burial or
cremation within forty-eight (48) hours of its acquisition shall
give written notice thereof to the board of supervisors, or a
member thereof, of the county in which the dead body or portion
thereof is located, furnishing such identification of the decedent
as may be available. The board of supervisors shall make
reasonable efforts to notify members of the decedent's family or
other known interested persons, and, if the dead body or portion
thereof shall not be claimed for burial or cremation by any
interested person within five (5) days of the aforementioned
written notice, the board of supervisors shall, as soon as it may
think appropriate, authorize and direct the burial or cremation
and burial of the residue of such dead body or portion thereof.
In its discretion and where otherwise permitted to do so by law,
the board of supervisors may direct the disposition of the dead
body or portion thereof as provided by Section 41-39-7. The
reasonable expense of such burial or cremation and burial of the
residue of a dead body shall be borne by the estate of the
decedent or of any person liable at law for the necessities of the
decedent during his lifetime or, if they are unable to pay the
same, by the county of residence or settlement of the decedent, if
known, and, if not known, by the county in which the dead body or
portion thereof is located.

If the person having possession of such dead human body or
portion thereof shall have no available means of preserving the
same and shall so notify the board of supervisors, or a member
thereof, of the county in which the dead body or portion thereof is located, it shall be the duty of the board of supervisors to make arrangements for the preservation of the same until burial or cremation and burial of the residue of the dead body as hereinabove provided, and the expense of such preservation shall be borne as hereinabove provided with respect to the expense of burial or cremation.

SECTION 17. Section 41-39-7, Mississippi Code of 1972, is brought forward as follows:

41-39-7. Upon the request of the Secretary of the State Board of Health, the authorities in charge of the hospitals supported either wholly or partly by state funds are authorized and directed to deliver any body of any person, except the bodies of persons with mental illness and persons with an intellectual disability, dying in any of those hospitals to the duly authorized representatives of the state university or any medical college or any accredited mortuary science program in any junior college in this state, giving the state university preference in the event there is an insufficiency in dissecting material for the use of all hospitals for anatomical purposes. This applies to the remains of any person, except persons with mental illness and persons with an intellectual disability, who dies in any of those hospitals, when the body is not, within a reasonable time after death, claimed for burial by some fraternal order, or by some person related to the deceased by blood or marriage, or by some
friend. The State Board of Health shall have authority to adopt regulations for the proper burial of those persons with mental illness and persons with an intellectual disability. However, the human remains of any unknown person who is a traveler dying suddenly shall not be so delivered or used for anatomical purposes. Any human remains, so delivered, shall be properly and decently removed from the hospital, at the expense of the party to whom the same may be delivered, and shall be transported under such regulations as the State Board of Health may prescribe, and after use for strictly necessary medical study, in the medical department of the university, or in any medical college, or in any accredited mortuary science program in any junior college in this state, as the case may be, the body shall be decently interred or may be cremated and the residue interred at the expense of the party using the same. The State Board of Health shall have authority to regulate and restrict the use of dead bodies used for the above purposes. The authorities of the hospitals, the Secretary of the State Board of Health, and the authorities of the university, any medical college and any accredited mortuary science program in any junior college in this state, shall each cause a record to be kept of each body used and disposed of, under the provisions of this section, and such records shall be subject to inspection of any member of the State Board of Health at any time.
SECTION 18. Section 41-57-31, Mississippi Code of 1972, is amended as follows:

41-57-31. (1) As used in this section, the following terms shall be defined as provided in this section, unless the context otherwise requires:

(a) "Certificate of birth resulting in stillbirth" means a birth certificate issued to record and memorialize the birth of a stillborn child.

(b) "Stillbirth" or "stillborn" means an unintended, intrauterine fetal death occurring in this state after a gestational age of not less than twenty (20) completed weeks.

(c) "Certificate of fetal death" means a death certificate issued to record and memorialize the death of a fetus.

(d) "Fetal death" has the meaning ascribed in Section 3 of this act.

(2) For any stillborn child in this state, the Bureau of Vital Statistics shall issue a certificate of birth resulting in stillbirth upon the request of a parent named on the death certificate, within sixty (60) days of the date of the request. A parent may request the Bureau of Vital Statistics to issue a certificate of birth resulting in stillbirth without regard to whether the death occurred on, before, or after July 1, 2007, and without regard to the date on which the death certificate was issued.
(3) The person who is required to file a death certificate under this chapter shall advise the parent or parents of a stillborn child:

(a) That a parent may, but is not required to, request the preparation of a certificate of birth resulting in stillbirth;

(b) That a parent may obtain a certificate of birth resulting in stillbirth by contacting the Bureau of Vital Statistics to request the certificate and paying the required fee; and

(c) How a parent may contact the Bureau of Vital Statistics to request a certificate of birth resulting in stillbirth.

(4) A parent may provide a name for a stillborn child on the request for a certificate of birth resulting in stillbirth. The name of the stillborn child provided on or later added by amendment to the certificate shall be the same name as placed on the original or amended death certificate. If the requesting parent does not wish to provide a name, the Bureau of Vital Statistics shall fill in the certificate with the name "baby boy" or "baby girl" and the last name of the parent.

(5) Not later than September 1, 2007, the State Department of Health shall prescribe the form and content of a certificate of birth resulting in stillbirth and shall specify the information necessary to prepare the certificate. In addition to any other
information required to be on the certificate, the certificate shall include:

(a) The date of the stillbirth;
(b) The county in which the stillbirth occurred;
(c) The state file number of the corresponding death certificate; and
(d) The following statement: "This certificate is not proof of live birth."

(6) Upon issuance of a certificate of birth resulting in stillbirth to a parent, the Bureau of Vital Statistics shall file an exact copy of the certificate with the local registrar of the registration district in which the stillbirth occurred. The local registrar shall file the certificate of birth resulting in stillbirth with the death certificate.

(7) The Bureau of Vital Statistics may not use a certificate of birth resulting in stillbirth to calculate live birth statistics.

(8) The Bureau of Vital Statistics shall issue a certificate of fetal death upon the request of the mother for a fetal death occurring on or after January 1, 2017.

(***9) The State Board of Health may adopt any rules or regulations necessary to administer this section.

SECTION 19. Section 41-61-53, Mississippi Code of 1972, is amended as follows:
41-61-53. For the purposes of Sections 41-61-51 through 41-61-79, the following definitions shall apply:

(a) "Certification of death" means signing the death certificate.

(b) "Coroner" means the elected county official provided for in Sections 19-21-101 through 19-21-107.

(c) "County medical examiner investigator" means a nonphysician trained and appointed to investigate and certify deaths affecting the public interest.

(d) "County medical examiner" means a licensed physician appointed to investigate and certify deaths affecting the public interest.

(e) "Death affecting the public interest" means any death of a human being where the circumstances are sudden, unexpected, violent, suspicious or unattended.

(f) "Medical examiner" means the State Medical Examiner, county medical examiners and county medical examiner investigators collectively, unless otherwise specified.

(g) "Pronouncement of death" means the statement of opinion that life has ceased for an individual.

(h) "State medical examiner" means the board certified forensic pathologist/physician appointed by the Commissioner of Public Safety pursuant to Section 41-61-55 to investigate and certify deaths that affect the public interest.
(i) "Fetal death" has the meaning ascribed in Section 3 of this act.

**SECTION 20.** This act shall take effect and be in force from and after July 1, 2016.